Assisted Living Medication Self-Administration Assessment

Resident:_____ Apartment/Room:_____

Check for Yes or mark N/A ***TASKS***

The resident CAN

- ❑ Distinguish colors
- ❑ Distinguish shapes
- ❑ Match colors
- ❑ Match shapes
- ❑ Tell or see time
- ❑ Read Medication Labels
- ❑ Remove medication from container
- ❑ Self-administrate medication
- ❑ Able to notify staff to obtain medication
- ❑ Physically can self-administrate
- ❑ Psychologically can self-administrate

The resident needs assistance with self-administration by: (detail and place on Resident Service Plan and/or Health Care Plan)

Comments:

Observation performed by:_____Date:_____

Practitioner Orders **Agree** with Self-administration:_____

Practitioner Orders **Disagrees** with Self-administration:_____

UPDATES

1._____

PLAN:_____

Signature(s)/Date:_____

2._____

PLAN:_____

Signature(s)/Date:_____

3._____

PLAN:_____

Signature(s)/Date:_____

4._____

PLAN:_____

Signature(s)/Date:_____